



Mississippi Resident AMENDED Individual Income Tax Return

2010

Page 1

WII A

Duplex or Photocopies NOT Acceptable

Form fields for Taxpayer Last Name, First Name, Middle Initial, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address, City, State, Zip.

SSN and Spouse SSN input fields.

YOU MUST ENTER SSN

Residence County Code - See Instructions

- 1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
4. Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
5. Single - Enter \$6,000 on Line 12.

- 7. Mark "X" ONLY if:
Taxpayer Age 65 or Over
Taxpayer Blind
Spouse Age 65 or Over
Spouse Blind

Table with 3 columns: (A) Name, (B), (C) Dependent SSN. Header: 6. Dependents (In column (B) enter C for child, P for parent, or R for relative)

- 8. Number of Dependents Listed on Line 6.
9. Number of Boxes Marked "X" on Line 7.
10. Total of Line 8 plus Line 9.
11. Line 10 x \$ 1,500 =
12. Enter Amount from Lines 1 through 5.
13. Total (Line 11 plus 12).
14. If Filing MFS Returns, Enter 1/2 of Line 13.

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See Instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Main tax calculation table with rows 15-33. Includes items like Wages, salaries, tips, etc. (Must Attach W-2s), Other Income, Adjustments to Gross Income, Mississippi Adjusted Gross Income, Standard or Itemized Deductions, Amount of Exemption, Mississippi Taxable Income, Total Income Tax Due, Mississippi Income Tax Withheld, Estimated Tax Payments, Credit for Income Tax Paid to Another State, Other Credits, Overpayment from original return, Total Credits, Refund, Balance Due, Interest on Underpayment of Estimated Tax Payments, Late Payments - Interest, and TOTAL DUE.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail REFUND To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail All Other Returns To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.

